



**Testimony by the Connecticut State Medical Society  
Senate Bill 1110  
Human Services Committee**

**An Act Concerning Various Revisions to the  
Department of Social Services Statutes**

**February 28, 2023**

Senator Lesser, Representative Gilchrest and distinguished members of the Human Services Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to provide testimony on **Senate Bill 1110 An Act Concerning Various Revisions to the Department of Social Services Statutes**.

CSMS has concerns with the vague language used in Section 6 of this Bill. While we understand that the Department of Social Services (DSS) has convened a working group to look at the maternity bundle, CSMS has significant concern with the ambiguity in the language of this section. Section 6 would allow the Commissioner of Social services to “implement a bundled payment for maternity services and any other alternative payment methodology or combination of methodologies that the commissioner determines are designed to improve health quality, equity, member experience, cost containment and coordination of care.”

This language appears to give the Commissioner broad authority to implement alternative payment methodologies (APMs) for maternity care and, as the language reads, may even give DSS the authority to implement APMs across all medical specialties. The language leaves a lot of unanswered questions. Will participation be mandatory or voluntary? With regard to the maternity bundle, will physicians be responsible for issuing payment to doulas and lactation consultants outside of their practices? How will the statutory language interact with existing contracts?

APMs, when done correctly, are one way to enhance patient access to medical care and provide more equitable care to patients. CSMS applauds DSS for looking at ways to provide more equitable care to Connecticut’s patients, however, vague and non-specific statutes are not the way to achieve such a goal. It is no secret that access to care is a critical problem for Connecticut’s Medicaid population. Sub-par payment rates and onerous audit methodologies have created an insufficient physician network and present a very real challenge when it comes to accessing care for Connecticut’s most vulnerable patients. We must work together to address these challenges head-on. Implementing a broad and far-reaching statute that appear to give DSS sweeping authority to implement APMs at-will and impose whatever conditions DSS sees fit will not increase physician confidence in DSS and will only serve to drive more physicians out of the Medicaid network.

For the reasons stated above, CSMS must express concern with Section 6 of this Bill. We, however, stand ready to work collaboratively with DSS to identify opportunities to implement methodologies to increase access to care for Connecticut’s Medicaid population.